

TRAVEL EXPENSE CLAIM

See Instructions and Privacy
Statement on Reverse Side

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FD-262 (REV. 10/92)

TRAVELER'S NAME Vill Fox			SSAN OR EMPLOYEE NUMBER			DEPARTMENT Governor's Office			
POSITION Deputy Chief of Staff		CB/ID NUMBER		DIVISION OR BUREAU Executive Office			INDEX NUMBER		
RESIDENCE ADDRESS 029 Larkhall Circle				HEADQUARTERS ADDRESS State Capitol				TELEPHONE NUMBER 916-445-8612	
CITY Sacramento		STATE CA		ZIP 95630		CITY Sacramento		STATE CA	
								ZIP 95814	

MONTH/YEAR		LOCATION WHERE EXPENSES WERE INCURRED	LODGING	MEALS			INCIDENTALS	TRANSPORTATION				BUSINESS EXPENSE	TOTAL EXPENSES FOR DAY
DATE	TIME			BREAKFAST	LUNCH	DINNER		COST OF TRANS.	TYPE USED	CARFARE, TOLLS, PARKING	PRIVATE CAR USE MILES AMOUNT		
10-Mar	12:00pm	Sac to LA						149.60	Air		0.00		149.60
11-Mar		LA		6.00	10.00		6.00	113.89	RC		0.00	6.80	142.69
11-Mar	4:30pm	LA to Sac						139.60	Air	18.00	0.00		157.60
											0.00		0.00
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											0.00		0.00
											0.00		0.00
SUBTOTALS			0.00	6.00	10.00	0.00	6.00	403.09	0.00	18.00	0	0.00	6.80
COLUMN CODE (ACCTG. USE ONLY)													

CLAIM TOTAL

443.80

\$449.89

PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts when required)

Staffed Governor Schwarzenegger for meeting with Korean Governor in LA.

NORMAL WORK HOURS

PRIVATE VEHICLE LICENSE NUMBER

MILEAGE RATE CLAIMED

0.445

AGENCY ACCOUNTING OFFICE

USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

240418

HEREBY CERTIFY, That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of

California. If a privately owned vehicle was used and if mileage exceeds the minimum rate, I certify the cost of the operating the vehicle was equal to or

greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754

pertaining to vehicle safety and seat belt usage.

TRAVELER'S SIGNATURE

DATE

3/12/09

SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT

DATE

03/12/09

SIGNATURE OF TITLE OF AUTHORITY FOR SPECIAL EXPENSES

DATE